



PTO/SB/17 (10-03)  
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/835,126
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	April 16, 2001
750.00		First Named Inventor	Randolph J. Noelle
		Examiner Name	P. Gambel
		Art Unit	1644
		Attorney Docket No.	20052/1200522-US1
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.		Large Entity    Small Entity	
The Director is authorized to: (check all that apply)		Fee Code    Fee (\$)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code    Fee (\$)	
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity    Small Entity			
Fee Code    Fee (\$)			
1001 770    2001 385    Utility filing fee			
1002 340    2002 170    Design filing fee			
1003 530    2003 265    Plant filing fee			
1004 770    2004 385    Reissue filing fee			
1005 160    2005 80    Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims    ** =    Extra Claims    Fee from below    Fee Paid			
Independent Claims    ** =    Extra Claims    Fee from below    Fee Paid			
Multiple Dependent    ** =    Extra Claims    Fee from below    Fee Paid			
Large Entity    Small Entity			
Fee Code    Fee (\$)			
1202 18    2202 9    Claims in excess of 20			
1201 86    2201 43    Independent claims in excess of 3			
1203 290    2203 145    Multiple dependent claim, if not paid			
1204 86    2204 43    ** Reissue independent claims over original patent			
1205 18    2205 9    ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Paul F. Fehlner, Ph.D.		Registration No. (Attorney/Agent)	35,135
Signature <i>Paul F. Fehlner</i>		Telephone	(212) 527-7665
		Date	September 7, 2004

9/9/04



Application No. (if known): 09/835,126

Attorney Docket No.: 20052/1200522-US1

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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Notice of Appeal (1 page)  
Fee Transmittal (1 page)  
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